ACC.15
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A661
JACC March 17, 2015
Volume 65, Issue 10S

FIT Clinical Decision Making

VALVULAR DISEASE IN A PATIENT WITH CARCINOID SYNDROME: WHEN TO INTERVENE

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: FIT Clinical Decision Making: Structural Heart Disease and Pulmonary Hypertension
Abstract Category: Valvular Heart Disease
Presentation Number: 1142-167

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Background: Carcinoid syndrome [CS] can result in valvular heart disease, especially tricuspid stenosis [TS]. Valve replacement can be curative for TS, but in patients with CS, there is risk for recurrence of TS if CS is not eliminated. Timing of valve surgery can be challenging and needs inter-disciplinary discussions.

Case: 25 y/o female with h/o asthma was referred for evaluation of worsening dyspnea and a murmur. Echocardiogram showed she had moderate pulmonary stenosis and severe TS with normal right ventricular [RV] size and function. Physical exam demonstrated 3/6 systolic murmur in pulmonic area and 2/4 diastolic murmur in tricuspid area. She also had a firm abdominal mass in the right and left upper quadrant extending 5 cm below the costal margin. Cardiac MRI was ordered to better evaluate the valvular heart disease and 5 HIAA was also tested given the suspicion for CS, which was found to be elevated at 654.6 mg/24hr. MRI of the abdomen was done, which showed multiple masses in liver and retroperitoneal region and she was diagnosed with stage 4 CS.

Decision Making: Decision was taken to do palliative measures to provide durable disease control and use systemic chemotherapy with capecitabine and temodar for 12 months to provide cytotoxic regression. Given the severe TS, tricuspid valve surgery was also discussed. Cardiac MRI and echo showed severe TS with moderate tricuspid regurgitation, moderate pulmonic stenosis and normal RV size and function. There is also risk of potential cardio-toxic effect of capacetiabine. Since the valve surgery would have involved a tissue valve and rate of recurrence in tissue valve is high, so it was not considered an optimal approach to proceed with surgery before controlling CS, and if the valve disease is not intervened upon in a timely manner then the risk of progressive RV failure increases. After multi-disciplinary meetings involving adult and pediatric cardiology, cardio-thoracic surgery and oncology, it was decided to proceed with chemotherapy and serial echos, and do valve surgery once chemotherapy is finished, or if signs of RV failure were seen.

Conclusion: Inter-disciplinary discussions are needed to handle complex medical situations.